

# Nursing and musculoskeletal disorders nursing essay

[Health & Medicine](#), [Nursing](#)



## **2. 0Introduction**

According to the Occupational Health and Safety Management Programme for Nurses, 2007, Nurses are the principal group of health care personnel providing primary health care at all levels and maintaining links between individuals, families, communities and the rest of the health care system. Working with other members of the health care team and other sectors or on their own, nurses explore new and better ways of keeping well, or improving health and preventing disease and disability. Nurses improve equity and access to health care and add quality to outcome of care (7). In a study conducted by Doris Grinspun, in Feb 2008, in Canada, it was found that more than 16 million nursing hours are lost to injury and illness annually. In fact, nurses have a substantially higher rate of absenteeism than the national average. This enormous tally of lost hours due to illness and injury, much of which could be prevented, translates into almost 9, 000 full-time nursing positions lost across Canada each year. At a time when the health care system is overburdened from a chronic shortage of nursing staff, the further shortage caused by absenteeism and injury is a testament to the need for action to improve the work environment for the nurses (8).

## **2. 1Nursing and Musculoskeletal Disorders**

According to the Journal BMC Musculoskeletal Disorders, 2010, Work-related musculoskeletal disorders (WMSDs) are defined as musculoskeletal disorders that results from a work-related event. WMSDs are common among health care workers, with the nursing population that constitutes about 33% of the hospital workforce at particularly high risk and accounting for 60% of the

reported occupational injuries. WMSDs are reported to significantly impact on quality of life, cause lost work time or absenteeism, increase work restriction, transfer to another job, or disability than any other group of diseases with a considerable economic toll on the individual, the organization and the society as a whole (9).

## **2. 2Nursing and Job Stress**

The Nursing Matters fact sheets on Occupational Stress and the Threat to Worker Health by the International Council of Nurses, 2009, states that job stress is the harmful emotional and physical reactions resulting from the interactions between the worker and his/her work environment where the demands of the job exceed the worker's capabilities and resources. What causes job stress? Working conditions: shift and week-end work, inadequate remuneration, hours of work, conflict, discrimination, and danger in the work environment. Relationships at work: quality of relationships with peers, subordinates, or supervisors. Role conflict and ambiguity: ill-defined role, functions, expectations, and duties. Organisation structure and climate: communication policy and practice, major changes in the workplace, culture fo the organisation, and lack of participation in decision-making. Nature of the job: amount of physical and emotional stamina required, workload and work pace. Main sources of stress for nurses Dealing with death and dying. Conflict with colleagues, including supervisors and other health care professionals. Insufficient training to deal with the emotional needs of patients and their families. Lack of staff support. Workload. Uncertainty concerning treatment plans (10). According to the Occupational Health and

Safety Risks in the Healthcare Sector (2010), the consequences of stress encompass health impairments and reductions in performance as well as disturbances in social behaviour and personal development. In addition, an impact on leisure behaviour as also been observed. Long duration stress causes enormous follow-up costs in the health domain. Stress at the workplace is given as a major cause of critical situations, errors of treatment, incidents or accidents. In addition to the stress-related negative consequences of strain, there are characteristic health impairments which can be observed in connection with burnout. Typical warning signals are: The rapid development of fatigue or exhaustion; even the simplest activities become strenuous; alongside a sign of slight irritation and impatience, there is a tendency to reproach colleagues, superiors and patients. Experience a low efficiency in one's own work; workers find it increasingly difficult to empathise with clients. Tendency to be indifferent to persons in care (11).

## **2.3 Nursing and Burnout**

Copper, 2001 stated that " it is easy to care for others at the expense of oneself". According to Burn Out in the Nursing Profession, 2013, it has been stated that burnout is a syndrome made up of emotional exhaustion, depersonalisation, and reduced personal accomplishment. In nursing profession, burnout is mainly due to the increase in workload and the lack of ability to prioritize that work. During a burnout, the nurse may express symptoms such as frustration, fatigue, hypertension, and depression. To put in simple words, burnout is the result of unmanaged stress rather than a syndrome of work stress (12). The journal of Academy of Business and

Economy (2005) published that nursing is considered one of the high-risk professions with respect to burnout. The continuous exposure to patients in need, and their families, creates an environment filled with stress and can easily lead to emotional exhaustion for the nurse. The nurse must cope with a variety of tension-filled situations within which she must always act in a calm and organized way. She must provide the physical care required to treat the health problems of the patient while simultaneously and consistently being supportive of both him and his family. She must encourage, give care and teach (13).

## **2.4 Nurses' Health and Workplace Exposures to Hazardous Substances**

A survey on health and chemical exposures (2007) stated that caring for patients during a typical workday, nurses handle dozens of chemicals, drugs, and other agents that are designed to prevent, diagnose, control, or cure diseases and other health conditions. These curative agents can heal, but have side effects as well. For most patients, the benefits of tightly controlled doses usually are more important than the risks. But the same may not be true for nurses. Nurses absorb a small fraction of the substances they use to care for patients, day after day. They sustain risks from these exposures in the absence of benefits. But the extent of health problems nurses may face from their undesirable, chronic, workplace exposures to hazardous cleaning, disinfecting, and sterilizing agents, radiation, mercury, potent medications, and other chemicals has never been studied (14).

## 2.5 Nurses and violence at workplace

According to a study by the American Nurses Association, 2013, the workplace violence reported by registered nurses was as follows: In 2009 there were 2, 050 assaults and violent acts reported by RNs requiring an average of 4 days away from work (Private Industry, State and Local Government, 2011)Of the 2, 050 NON FATAL assaults and violent acts:- 1, 830 were inflicted with injuries by patients or residents- 80 were inflicted by visitors or people other than patients- 520 RNs were hit, kicked, or beaten- 130 RNs were squeezed, pinched or scratched requiring days away from work- 30 RNs were bittenIn 2009, the Emergency Nurses Association reported that more than 50% of Emergency Center (EC) nurses had experienced violence by patients on the job and 25% of EC nurses had experienced 20 or more violent incidents in the past three years (15). The subject of violence at the workplace is not one-dimensional, however, possible verbal or physical assaults on workers by patients are one face of violence; workers who harass one another, or superiors who harass workers (so-called bossing) and vice versa employees who harass superiors (commonly called staffing) can turn the workplace into a ' battlefield'. The possible effects are: High sickness rates among workersHigh turnoverPoor working atmospherePoor performance. The concept of ' external' workplace violence generally covers insults, threats and physical or psychological aggression exerted by people from outside the organisation, including customers and clients, against a person at work that endangers their health, safety or well-being. Aggressive or violent acts take the form of: Uncivil

behaviour that is lack of respect for others; Physical or verbal aggression with intention to injure; Assault: intention to harm the other person (16).

## **2. 6Conclusion**

This chapter has reviewed the factors affecting absenteeism of nurses that have been published by researchers, books and journals. The following chapter will discuss about the methods used to carry out the study.

## **Chapter 5 – Recommendations, Limitations of Study and Conclusions**

### **5. 0Introduction**

The following chapter addresses a list of recommendations so as to decrease the rate of absenteeism on nursing in the Victoria Hospital, it also list the limitations of the study that may have affected the results of the survey.

### **5. 1Recommendations**

Recommendations are provided to reduce the rate of absenteeism of nurses. The measures should be implemented and evaluated within a set period of time in order to know if the recommendations are effective that is if the rate of absenteeism has reduced following the measures taken.

#### **5. 1. 1Musculoskeletal Problems**

From the above findings, many nursing officers complain of having absent from work because of musculoskeletal problems. Below are some principles to solve the musculoskeletal problems:

## **Basic principles for back-friendly patient handling**

Arrange the environment in such a way that you have sufficient space and an ergonomic height (for example the height of the bed). Make sure that the brakes of the bed, trolley or the wheelchair are properly set. Handle the patient as close to your body as possible and keep your body as upright as possible. Do not work in jerks or with raised shoulders.

## **Basic principles for a patient resource-oriented working method**

The interaction between patient and carer should be designed in a harmonious way, to induce orientation and control for the patient. Small steps allow the patient to act on their own initiative and thus strain for the nursing officer will be reduced. Make sure to use a safe and impulse-induced contact with the patient and never grasp the patient at their joints.

## **Prolonged standing or standing in bent/awkward positions – recommended behaviour**

The ergonomic design of the workplace (ergonomic height) as well as back-friendly working postures result in a reduction of the strain for the musculoskeletal system and therefore have a positive impact. The following principles should be observed: The ergonomic working height, i. e. the worktop, should be roughly 5 cm below elbow height for someone standing upright; individually adjustable worktops are best. Wearing support stockings may be an important measure in long-term exposure to standing in order to support the venous system. Wearing appropriate footwear prevents the development of a flat or splay foot. Working conditions must be such that the



health of workers is not endangered. The resources of healthy workers should be reinforced. Workers at risk must be supported by protective measures. Workers who have already Musculoskeletal Disorders must be helped back into work. A participatory approach is particularly promising (26).

### **5. 1. 2 Biological Agents**

Nurses often get pricked by needles accidentally. The following precautions must always be undertaken.

#### **Standard precautions:**

Needles should neither be bent, broken nor recapped. Used needles/sharps & blades should be placed immediately in puncture proof sharps disposal container. Sharps disposal container should be always within easy access of procedure areas. Never overfill sharps disposal containers (only  $\frac{3}{4}$  full). Staff with non intact skin such as moist eczema should avoid working in areas where blood exposure is likely. Open lesions such as cuts and eczema should be kept covered with appropriate dressing. Blood spillage should be wiped immediately following the application of appropriate disinfectant. Use latex gloves in all direct patient contacts involving blood or body fluids. Use protective attire – (apron, mask and goggles) whenever risk of blood or body fluids splashing exist. Use gloves when cleaning instruments (27).

### **5. 1. 3 Workplace violence training**

From the above survey, it is found that less than half of the nurses reported of not having turned up for work due to verbal or physical abuse by patients

and/or relatives. However, the following measures can be undertaken to minimise the abuse to a larger extent: To create a safer work environment: Assess the work environment Critically examine all areas of the work environment. Is the lighting adequate? Are there suitable escape routes? Is there a method to call for assistance? Pay attention to the warning signs Many people who become violent communicate their intentions beforehand. Threats from customers, co-workers, or third parties should be reported immediately. Promote respect The best way to avoid violence in the place of work is to foster a day-to-day attitude of respect and consideration in your work environment. Eliminate potential weapons Take a note of objects available in your immediate work area that could be potential weapons that can be used to throw at people. Know the violence response procedures Violence response procedures are simple plans designed to minimize injury during a violent incident. They should include a plan to call for assistance and move people to a safe area. Trust one's instincts Do not ignore the internal warning system. If you sense approaching danger, react in view of that (28).

### **5. 1. 4 Working long hours, changing shifts and night work**

The working shift for the nursing staff is as follows: Day duty: 7. 30 a. m to 6 p. m Night duty: 6 p. m to 7. 30 a. m To be able to combat exhaustion associated with the long working hours, changing shifts and night work, the following measures can be taken: According to the Occupational Health and Safety Risks in the Healthcare Sector (2010), at the individual level there is the possibility of cushioning the negative effects of night and shift work by a

controlled mode of behaviour for example: Sporting activity – exercises, yoga, meditation  
Healthy nutrition  
Improvement in the sleeping situation (29).  
At the organisational level: To do as few night shifts as possible  
Employ more nurses so as to minimise the high workload in the unit

### **5. 1. 5 Factors contributing to stress – traumatic situations and other factors, the organisation of work and relations with colleagues**

As per section D in the above findings, stress is a major factor among nurses and it increases the percentage of absenteeism, to combat it, the following measures as per Sun Meilan, 2010, can be undertaken: Talk to staff on a regular basis  
Many managers are tempted to just let their employees get on with things – dealing with petty issues on a daily basis can be tiring and unprofitable. However, make an attempt to have regular meetings with the nurses, so that they can be encouraged. Often lack of encouragement can persuade employees that the manager does not care whether one is here or not. Create a loyal staff with a high morale  
Nurse Managers should do their best to create a happy environment for the nursing staff to work in. If there are issues affecting the nurses, it should be sorted out as soon as possible as if an employee is sad, they are more prone to become depressed, or take days off work just as they do not feel like working. The managers should keep the morale of the employees as elevated as possible by praising when it is due and creating intermittent incentives, such as lunch or dinner or team building events. Promote teamwork  
Employees who are used to working on their own are perhaps more likely to take days off than those who work as part of a team. When their absence affects others, and not just themselves,

they are more likely to make an effort. Teamwork is also naturally more fun than working alone. The managers should promote teamwork as much as it can be (30).

## **5. 2Limitations of the Study**

Some nurses may have misinterpreted some items in the research instrument. The population consists only of nursing officers, the results might be different if other categories of nurses, charge nurses, ward managers, nursing supervisors, were included. The results of the survey may be biased as 40% of the whole population is only from 20-30 years.

## **5. 3Conclusion**

The study was carried out to find out the health and safety factors that has caused a high rate of absenteeism for the year 2012. There are a total of 289 nursing officers and 25 participated in the study by completing and returning questionnaires. The study found that the main reasons for nurses' absenteeism were musculoskeletal problems, working for long hours, changing shifts, work rhythms, stress factors at work, high workload in the unit, no time-off requested and also because of other nurses not turning up for work. However, there were some limitations which may have affected the results in the study. Measures have been recommended to reduce the rate of absenteeism of the nurses at the Victoria Hospital and a study may be conducted again to analyse if the recommendations are effective.